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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) EGYP 3.9-017 CONT	
Application Number 10/038,192		Filed January 2, 2002	
For METHODS AND KITS FOR DIAGNOSING OR MONITORING SYNOVIAL OR OSTEOARTICULAR DISEASE, COMPRISING THE USE OF A SPECIFIC MARKER FOR SYNOVIAL TISSUE DEGRADATION			
Art Unit 1641		Examiner G. W. Counts	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$110.00	\$55.00 \$
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$420.00	\$210.00 \$
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$950.00	\$475.00 \$ 950.00
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1,480.00	\$740.00 \$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2,010.00	\$1,005.00 \$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-1095. I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number 33,071			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a)			
_____ Shawn P. Foley Signature		_____ September 20, 2004 Date	
_____ Shawn P. Foley Typed or printed name		_____ (908) 518-6346 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below			
<input type="checkbox"/> Total of 1 forms are submitted.			

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I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: September 20, 2004

Signature: Shawn P. Foley (Shawn P. Foley)